

INTERDEPARTMENTAL INITIATIVE

The State of Missouri's desire to improve care for children with severe behavioral health needs (and their families) led to development of the Interdepartmental Initiative for Children with Severe Needs (hereinafter referred to as "Initiative"). The Initiative began as a consortium of State of Missouri child-serving divisions from the Departments of Social Services, Mental Health, Health, and Elementary and Secondary Education. The Initiative represented the shared interests and objectives of these participating departments to meet the needs of children with severe behavioral health needs (and their families), across traditional interdepartmental boundaries. The Children's Division (CD) was actively involved in the Initiative's planning process and remains a key player as the Initiative continues to evolve.

The Initiative targeted those children and families with disruption in their family lives likely to result in long-term residential care. Children with severe behavioral health needs generally have behavioral health issues that present in the context of household instability and placement disruption resulting from the complex interaction of mental health, social, economic, and medical issues. These "high needs/high risk" children became the focus for the Initiative.

Through the Initiative, the State's desire to develop an integrated financing structure to support locally integrated systems of services and supports was implemented on a small scale. The Initiative blended resources from the current categorical funding streams of the member agencies. The Initiative used resources from participating child-serving divisions, pooled through an integrated financing structure, to support individualized, comprehensive, family-focused Plans of Care that included all services needed to deliver care to the targeted population of children and their families. However, since inception, budget constraints have reduced and now eliminated financial contributions from the Department of Mental Health and Department of Social Services' Division of Youth Services. Current funding consists of pooled dollars from the Department of Social Services' Children's Division, and Division of Medical Services.

The Initiative was implemented on a pilot basis in four (4) counties of Eastern and eighteen (18) counties of Central Missouri, on March 1, 1999. Since then, children have been referred to the Initiative through an Eastern and Central Interagency Team (IT) comprised of staff representing the participating divisions. At start-up, children were enrolled with the contracted Care Management Organization (CMO), Missouri Alliance for Children and Families (MACF) at a maximum rate of ten (10) children per region per month. The CMO is responsible for recruiting, developing, and contracting for a comprehensive array of community-based services and supports to meet the needs of Initiative children and their families. As of March 31, 2005, the Initiative has served over 1,000 children and families, with approximately 400 children and families

currently being served. The CMO contract with Missouri Alliance for Children and Families has been extended through June 30, 2005.

The CMO has struggled with being able to recruit and maintain sufficient placement resources to allow children to transition from residential treatment settings to their own homes. An agreement was developed between the CMO and the CD to allow the CMO to contract with foster homes licensed by the CD to provide therapeutic care for children enrolled with the CMO. In return, the CMO has agreed to provide training for families interested in becoming licensed foster homes. These newly recruited and developed homes will then be dually licensed to serve youth enrolled in the CMO as well as children in custody of the CD. Families that contract with the CMO must meet all of the training requirements as outlined in the CD expectations for licensing. The CMO is responsible for providing “child specific training” to assure that a family can meet the needs of any child the CMO places into the home. The arrangement with CD licensed families has allowed children to be transferred from residential treatment facilities into trained foster homes in a timely manner, rather than a child having to wait until a resource is developed to meet his needs.

In addition to the use of foster home placements, the CMO has worked with the concept of Family Support Team Meetings to develop short-term treatment plans with the family. The structure of the Family Support Team allows the family, the child, and the referring agency to monitor activities and determine if movement toward reunification is occurring. If no movement is occurring, the team can question the member responsible for the action. The support provided by the team allows the family to try “new” methods and techniques as parents. It also facilitates the use of “kinship” placements” if the family is not able to provide a safe placement for the child, but the child needs to remain in a family environment.

As the Initiative has ceased to be fully “interdepartmental” in nature, the CD is in the final stages of developing a replacement contract. Entitled the “Specialized Care” contract, this contract will continue to reflect an individualized, comprehensive and Family-Focused approach to meeting the needs of youth from the child welfare system who present with complex behavioral health issues. Children currently served under the Initiative contract will be transitioned to the Specialized Care contract once the new contract award is finalized.